

**CITY OF FAIRFIELD, OHIO
APPLICATION FOR RIGHT-OF-WAY PERMIT**

Date _____

Location: _____
Address

Type of Construction_____

Property Owner's Name _____

Address _____ **Phone Number** _____

_____ Zip Code _____

Contractor's Name _____

Address _____ **Phone Number** _____

_____ Zip Code _____

Work to be done _____

Date(s) work to be done _____

PROPOSED WORK TO BE SHOWN ON A PLOT PLAN

DETAILS OF PROPOSED WORK: _____

Reason for open road cut rather than one of the above _____

Will traffic be maintained? _____

Length of time required to complete work _____

I hereby agree to restore any and all damage caused by this work in a manner consistent with the requirements of the Public Works Department for the City of Fairfield, Ohio.

SIGNED: _____

PRINTED NAME: _____

ADDRESS: _____

PHONE: _____

An inspection of any water, sewer, roadway pavement, driveway apron, or sidewalk work must be made. Call the Construction Services Division at (513) 867-4200 24 hours in advance.

Office Use only

☐ **Approved**

☐ **Disapproved**

Signature _____

Comments _____

cc: ☐ **Public Works Director**

☐ **City Manager**☐ Utilities Director☐ **City Engineer**☐ **Street Division**